securian FINANCIAL®

eApp

Insurance products issued by:
Minnesota Life Insurance Company
Securian Life Insurance Company

eApp client information questionnaire

FOR AGES 15+

Insured information

First name _____ Middle initial _____ Last name _____

DOB ____/____/_____ Gender: Male ☐ Female ☐

State of solicitation _____ County of residence _____

Birth country _____ Birth state (U.S.) _____

Citizenship _____ SSN/Tax ID _____-_____-_____

Is the proposed insured in the armed forces, National Guard or reserves? ☐ Yes ☐ No
(If yes, complete the Foreign Residence and Travel Questionnaire form.)

Driver's license number _____ Issue state _____ Expiration _____

Earned income $ _____ Total net worth $ _____

Unearned income $ _____ Liquid net worth $ _____

Are you employed? ☐ Yes ☐ No Are you self-employed? ☐ Yes ☐ No

Occupation _____ Years in occupation _____

Contact information

Cell phone _____ Home phone _____

Street address _____ City _____ State _____ Zip _____

County _____ Email _____

Health and lifestyle

Current height _____ ft _____ in Current weight _____

Have you ever used tobacco or nicotine products in any form
(including cigarettes, cigars, chewing tobacco, pipe, e-cigarette /vape, nicotine patch or gum)? ☐ Yes ☐ No

If yes, answer the following: Tobacco type:_____ Date of last use:_____

Number of uses in the last year: _____

Have you been diagnosed or treated for any of the following: ☐ Yes ☐ No

- Alcohol/drug abuse and/or treatment
- Heart disease
- Stroke/transient ischemic attack
- Atrial fibrillation
- Emphysema/chronic obstructive pulmonary disease
- Hepatitis or cirrhosis
- Inflammatory bowel disease (Crohn's disease, ulcerative colitis)
- Kidney disease
- Diabetes
- Cancer, except for basal cell carcinomas
- Bipolar disorder
- Seizure disorder
- Parkinson's disease
- HIV/AIDS
- Schizophrenia
- Lupus
- Rheumatoid arthritis
- Multiple sclerosis

Do you plan to travel or reside outside of the U.S. in the next two years? ☐ Yes ☐ No
(If yes, complete the Foreign Residence and Travel Questionnaire)

Do you intend on traveling to a hazardous location? ☐ Yes ☐ No

Do you have a history of misdemeanor or felony? ☐ Yes ☐ No
If yes, was it within last 5 years? ☐ Yes ☐ No

Do you have a history of DUI in the last year, or history of
DUI and any other moving violations in the last five years? ☐ Yes ☐ No

Have you applied for life insurance in the last six months? ☐ Yes ☐ No
Have you ever been rated or declined for life or disability insurance? ☐ Yes ☐ No

Have you applied for life insurance in the past five years that was declined or rated? ☐ Yes ☐ No
If yes, provide details _____

Have you completed labs for life or disability insurance in the last 12 months? ☐ Yes ☐ No

Have you had any bankruptcies in the past seven years? ☐ Yes ☐ No
(If yes, complete the Financial Supplement to Applicant for Life Insurance form.)

Have you (within the last five years), or do you (within the next two years) plan to engage in skin diving (scuba or other), sky diving, mountain/rock climbing, horse racing, rodeo, bull fighting, bungee jumping, BASE jumping, canyoneering, combat sports (boxing, mixed martial arts or other), professional wrestling, extreme skiing/snowboarding or motor sports? ☐ Yes ☐ No
(If yes, complete the Sports and Avocations Statement form.)

Have you (within the last five years), or do you (within the next two years) plan to engage in piloting an aircraft (including gliders, ultralight vehicles or any other type of airframe)? ☐ Yes ☐ No
(If yes, complete the Military Aviation Statement form.)

Owner information (if different than insured)

First name _____ Middle initial _____ Last name _____

DOB ____/____/____ Gender Male ☐ Female ☐ Phone number _____

Street address _____ City _____ State _____ Zip _____

County _____ Email _____

Driver's license number _____ Issue state _____ Expiration _____

SSN/Tax ID _____-_____-_____

EFT information

Bank name _____ Bank city _____

Bank state _____ Account type _____

Account number _____ Bank routing number _____

Beneficiary information

Beneficiary 1

First name _____

Last name _____

Relationship to insured _____

Percentage of death benefit _____

Beneficiary 2

First name _____

Last name _____

Relationship to insured _____

Percentage of death benefit _____

Insurance information

Type of insurance (business, personal) _____ Amount applied for $ _____

Planned premium (permanent products) $ _____

Agreements/Riders _____

Death benefit option ☐ Increasing ☐ Sum of premiums ☐ Level

Death benefit qualification ☐ Guideline Premium Test (GPT) ☐ Cash Value Accumulation Test (CVAT)

Existing insurance information

Death benefit amount $ _____ Type of insurance _____

Is this a replacement? ☐ Yes ☐ No

Company _____

Policy number _____ Year issued _____

Questions?

Contact your financial professional.

Name, Firm name
Phone number
Email

Please note additional information may be required, depending upon the specific case.
This form contains sensitive client information and should only be sent over an encrypted email server.

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